

2000 UNIFORM BUSINESS REPORT (UBR)

0016968 JY1

DOCUMENT # M95000000030

1. Entity Name
FORESTER LAND & DEVELOPMENT, L. C.

FILED

00 JAN 12 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
TREASURE ISLAND MARINA
3605 THOMAS DRIVE
PANAMA CITY BEACH FL 32408

Mailing Address
2241 TOMS CREEK ROAD
MARTIN GA 30557-3151



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-2169863

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WATERCREST
6201 THOMAS DRIVE, #810
PANAMA CITY BEACH FL 32408

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *W.D. Forester*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-5-00

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
MRGM FORESTER, WILLIAM D
STREET ADDRESS 2241 TOMS CREEK ROAD
CITY- ST- ZIP MARTIN GA 30557

TITLE NAME ☐ Change ☐ Addition
800003099708--6
-01/14/00--01100--012

TITLE NAME ☐ Delete
MRGM FORESTER, BETTY S
STREET ADDRESS 2241 TOMS CREEK ROAD
CITY- ST- ZIP MARTIN GA 30557

TITLE NAME ☐ Change ☐ Addition
*****50.00 *****50.00

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

1-5-00 706-384-4884